

po000pEVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Alicia McGraw

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

Clinical Assignments
Completion of Patient Care
Meditech Documentation
Observation of Clinical Performance
Evaluation of Clinical Performance Tool
Onsite Clinical Debriefing
Clinical Discussion Rubric
Preceptor Feedback
Nursing Care Map Rubric
Skills Lab Checklists/Competency Tool
Lasater Clinical Judgment Rubric
Virtual Simulation scenarios
Pathophysiology Grading Rubric
SBAR/Physician Orders Rubric
Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
3/24/2023	2H	Didn't submit Quality Scav. Hunt document when due	3/27/2023 2H
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S						
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
c. Evaluate patient's response to nursing interventions. (Reflecting)	S	S	S	N/A S	S	N/A	N/A	N/A	S	N/A	S	S						
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A						
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A						
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	N/A	S	N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A						
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							
Clinical Location	3T	3T	4N	QC /PC	DH					SP - cancel led	CD	IC						

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessments. FB

Week 3 (1,b)- Excellent job managing and prioritizing patient care during Patient Management clinical experiences this week. Keep up the great work! AR

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

*End-of- Program Student Learning Outcomes

Week 5 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments “Satisfactory in all areas.” Keep up the great work! AR

Week 6-1(f) Great job performing IV starts during the digestive health clinical. Proper technique and aseptic procedures were followed. Keep up the great work! FB

Week 10 (1b)- Satisfactory during Cardiac Diagnostics clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas. Had no patients in the morning, but Alicia spoke with the pacer nurse, cath lab nurse showed her some things, spoke with her about stress tests and CV, showed her the Zoll, spoke of definity and bubble studies. Alicia traded her afternoon clinical (scavenger hunt) to the morning and came back and observed a cardioversion, heart cath, and stress test. Very good!” AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	S	S						
a. Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S						
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	S						
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S						
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A						
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient's disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Objective																		
3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S						
a. Critique communication barriers among team members. (Interpreting)	S NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A S	S						
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S NA	N/A	N/A	S	N/A	N/A	N/A	N/A	S	N/A	N/A S	S						
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	S NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A S	S						
d. Clarify roles & accountability of team members related to delegation. (Noticing)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S						
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 2 (3a,b,c) These competencies will be completed during a future clinical experience, therefore they were changed to a NA. (3d,e)- Great discussion, noticing accountability of delegation and the clarification of roles. You also did a great job interpreting facts to determine the need for prioritization of assigned patient during this clinical rotation. FB

Week 3 (3e) Satisfactory during both days of Patient Management this week. RN comments: 1/24- "Excellent in all areas, but Delegation (Satisfactory) Alicia demonstrated competence in all patient care provided today. Asked relevant questions and was able to demonstrate new skills learned."; 1/25- "Excellent in all areas, but Establishment of Plan of Care and Delegation (Satisfactory). Alicia did very well today, and works well independently." Satisfactory discussion via CDG posting related to your Patient Management experience. Keep it up! AR

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients and the priority patient of assigned patients. Keep up the great work! FB

Week 5 (3b)- Satisfactory during Quality/Core Measures observation and with discussion via CDG posting. RN comments: Stroke- “Satisfactory in all areas. Good luck in OR or OB!”; Core Measures- “Satisfactory in all areas.”; Rapid Response and Standards of Care- “Excellent in all areas.” Great job! AR

Week 10 (3b,c)- Satisfactory during Quality Scavenger Hunt clinical and with discussion via CDG posting. Great job! AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	N/A	N/A	S	N/A	N/A	N/A	N/A	S	N/A	S	S						
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	NA																	
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S NA	N/A	N/A	S	N/A	S U	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 2 (4a)- This competency will be addressed in a future clinical experience. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 10 (4c)- You have received an unsatisfactory for this competency due to not following the instructions for the Quality Scavenger Hunt and failing to submit the completed document to the appropriate drop box by the due date and time. Be sure to review the directions at the front of this tool to adequately address this U for Week 11. AR

-In the upcoming weeks, I will make sure to read all directions completely so that I do not miss any instructions pertaining to assignments, their due dates, and where they need to be placed. AM

Objective																		
5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*																		
Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
a. Reflect on your overall performance in the clinical area for the week. (Responding)																		
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/17/2023– Satisfactory in all areas. Additional Preceptor comments: “Alicia will be an amazing RN soon! She has the compassionate care the textbooks give examples of. She talked to her patient’s family on a personal level as for other patients she got to know them.” LC/FB

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/31/2023 – Excellent in all areas except Manager of Care: delegation-Satisfactory Student goals: “Care for 4 patients confidently.” Additional Preceptor comments: “Alicia is going to make a great nurse. She came prepared. Very knowledgeable and willing to help others.” LC/FB Reported on by assigned RN during clinical rotation on 2/1/2023 – Excellent in all areas. Student goals: “Be more comfortable passing medications” Additional Preceptor comments: “Amazing initiative! You are going to be an awesome nurse!” CO/FB

Week 5 (5c)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Keep up the great work! AR

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	N/A	S	N/A	N/A	N/A	S	N/A	S	S						
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	N/A S	S	N/A	N/A	N/A	S	N/A	S	S						
d. Deliver effective and concise hand-off reports. (Responding)	S NA	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A						
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A						
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	S	S NA	N/A	N/A	N/A	S	N/A	S	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 2 (6d)-This competency can be rated a "S" when you hand in the hand-off report competency rubric completed by your assigned RN. FB

Week 3 (6d)- Satisfactory hand-off report based on RN completion of competency rubric. Great job! (6f)- Satisfactory discussion via CDG posting related to your patient management clinical experience. Keep up the great work! AR

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

*End-of- Program Student Learning Outcomes

Week 5 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical. (6f)- Satisfactory CDG postings related to Patient Advocate/Discharge Planner and Quality/Core Measures. Keep up the great work! AR

Week 10 (6f)- Satisfactory discussion via CDG postings related to your Cardiac Diagnostics and Quality Scavenger Hunt clinical experiences. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery.
(1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	N/A	N/A	N/A	S	N/A	S	S						
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S NA	N/A	N/A	S	N/A	S	S						
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	S NA	N/A	N/A	S	N/A	S	S						
Faculty Initials	FB	AR	FB	AR	BL	BL	BL	BL	BL	AR	AR							

Comments:

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time. FB

Week 5 (7a)- Satisfactory discussion via CDG posting related to your Quality/Core Measures observation. Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Firelands Regional Medical Center School of Nursing
Skills Lab Evaluation Tool
AMSN
2023

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders/SBAR (1,2,3,4,5,6)*	Prioritization/Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/10/2023	Date: 1/10/2023	Date: 1/10/2023	Date: 1/10/2023	Date: 1/12/2022	Date: 1/12/2023	Date: 1/13/2023	Date: 1/13/2023	Date: 1/13/2023	Date: 1/13/2023
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Week 1 Lab comments:

Meditech: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders: Satisfactory completion of physician's order lab per the SBAR skills competency rubric. You utilized SBAR communication while communicating with a physician and while taking orders over the phone. Good job! CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for the patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Starts: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BS/CB/BL

Blood administration/IV pump: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing/IV push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

Ports/Blood Draw: You were satisfactory in accessing an Infusaport device, demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. Nice work! CB

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL/BS

ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube (Atrium

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2023

Student Name:				Course Objective:			
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

	included for each intervention						
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	Date	Care Map **			Evaluation & Instructor Initials	Remediation & Instructor Initials	
	• Continue plan of care						
	• Modify plan of care						
	• Terminate plan of care						
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:						Total Points: Faculty/Teaching Assistant Initials:	

Care Map Evaluation Tool
 AMSN
 2023

** AMSN students are required to submit one satisfactory care map during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing

*End-of- Program Student Learning Outcomes

Student Name:

Clinical Date:

1. Provide a description of your patient including current diagnosis and past medical history. (2 points total) • Current Diagnosis (1) • Past Medical History (1)	Total Points: Comments:
2. Describe the pathophysiology of your patient's current diagnosis. (1 point total) • Pathophysiology-what is happening in the body at the cellular level (1)	Total Points: Comments:
3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total) • All patient's signs and symptoms included (1) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1)	Total Points: Comments:
4. Correlate the patient's current diagnosis with all related labs. (4 points total) • All patient's relevant lab result values included (1) • Rationale provided for each lab test performed (1) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1)	Total Points: Comments:
5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total) • All patient's relevant diagnostic tests and results included (1) • Rationale provided for each diagnostic test performed (1) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1)	Total Points: Comments:
6. Correlate the patient's current diagnosis with all related medications. (3 points total) • All related medications included (1) • Rationale provided for the use of each medication (1) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (1)	Total Points: Comments:

7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total) • All pertinent past medical history included (1) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (1)	Total Points: Comments:
8. Describe nursing interventions related to current diagnosis. (1 point total) • All nursing interventions provided for patient explained and rationales provided (1)	Total Points: Comments:
9. Discuss the role of interdisciplinary team members in the care of the patient. (3 points total) • Identifies all interdisciplinary team members currently involved in the care of the patient (1) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (1) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (1)	Total Points: Comments:
Total possible points = 23 18-23 = Satisfactory 13-17 = Needs improvement <12 = Unsatisfactory	

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2023
Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory								
	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	Date: 2/17/2023	Date: 2/27-28/2023	Date: 3/3/2023	Date: 3/17/2023	Date: 3/24/2023	Date: 3/30/2023	Date: 4/21/2023	Date: 4/21/2023
Evaluation	S	S	S	S	S			
Faculty Initials	BL	BL	BL	AR	AR			
Remediation: Date/Evaluation/ Initials	NA	NA	NA	NA	NA			

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME(S): Hailey Giles, Katelyn Howard, Alicia McGraw, Neil Trautman

GROUP #: 1

*End-of- Program Student Learning Outcomes

SCENARIO: **Week 8 Simulation**

OBSERVATION DATE/TIME(S): **February 27, 2023 0800-1000**

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2)*					Notices patient is complaining of fatigue and nausea. Notices patient's SpO2 is 93% on room air. Notices patient's heart rate is low and rhythm is sinus bradycardia. Notices patient's heart rate decreases to 29 and has a change in heart rhythm. Notices patient has a rhythm change after Atropine is administered with continued decreasing heart rate. Notices patient's heart rate is elevated and rhythm is abnormal. Notices patient is short of breath, complaining of dizziness and palpitations. Notices patient's heart rhythm and rate is unchanged after administering medication. Notices patient is complaining of dizziness and blood pressure is decreased. Notices patient has crackles after fluid bolus is administered. Initially does not notice patient is unresponsive without a pulse.
INTERPRETING: (1,2)*					Interprets patient's SpO2 as low. Interprets patient's initial heart rhythm as sinus bradycardia. Interprets patient's heart rhythm change as a second degree type II heart block. Recognizes a need for medication to increase heart rate. Interprets Atropine dose as 1 mg IVP. Initially interprets patient's second heart rhythm change as a first degree heart block; then interprets it as a third degree heart block. Interprets patient's heart rhythm as atrial fibrillation; then sinus tachycardia. Recognizes a need for medication to decrease heart rate. Interprets dose of diltiazem as 25 mg IV to be given over 15 minutes. Prioritizes medication administration. Prioritizes stopping the fluid bolus. Initially interprets patient's heart rhythm as ventricular tachycardia with a pulse; then realizes patient is pulseless. Interprets correct dose of medications. Interprets patient's low potassium as a potential cause for cardiac arrest.
RESPONDING: (1,2,3,5,6,7)*					Introduces self and identifies patient. Obtains patient's vital signs. Puts the patient on 2L oxygen via nasal cannula. Completes a focused GI assessment. Notifies the physician of patient's low heart rate and sinus bradycardia rhythm. Notifies the physician of patient's continued decreasing heart rate and rhythm change to second degree type II heart block. Places fast patches on patient. Rechecks patient's vital signs. Administers 1 mg of Atropine IVP. Notifies physician of heart rhythm change for a second time with a decreasing heart rate. Introduces self and identifies patient. Obtains patient's vital signs. Places patient on the monitor. Asks the patient to bear down. Places the patient on 2L oxygen via nasal cannula. Notifies physician that patient is in atrial fibrillation with a heart rate of 160. Reassures patient and communicates calmly. Administers diltiazem bolus. Reassesses patient, obtains vital signs.

*End-of- Program Student Learning Outcomes

	Increases patient's oxygen. Notifies physician that patient's heart rate and rhythm is unchanged after medication administration. Administers diltiazem 10 mg/hr IV. Reassesses patient and obtains vital signs. Notifies physician of decreased blood pressure with unchanged heart rhythm and rate. Administers a bolus of fluids to increase blood pressure. Reassesses patient. Notifies physician of fluid overload. Places patient on monitor and obtains vital signs. Calls physician. Assesses patient's radial pulse. Begins CPR, applies fast patches. Administers epinephrine 1 mg IVP. Reassesses pulse. Defibrillates patient. Begins CPR.			
REFLECTING: (1,2,5)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Talked about holding medication to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi, dopamine). Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for medication). Excellent teamwork! Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication. Discussed the importance of immediate CPR and defibrillation with pulseless v-tach. Discussed alternative to epi (amiodarone). Roles of the code team discussed (recorder, CPR, airway, meds, lead). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed, starting low and increasing joules with subsequent shocks. Excellent job!			

SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* Differentiate between defibrillation and cardioversion. (1,2,6)* Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)*	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. You are satisfactory for this simulation. Great job!
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/20/2022

*End-of- Program Student Learning Outcomes